

General Assembly

January Session, 2001

Raised Bill No. 1331

LCO No. 3302

Referred to Committee on Human Services

Introduced by: (HS)

AN ACT PROMOTING ENROLLMENT IN THE HUSKY PLAN.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Subsection (a) of section 17b-261 of the general statutes is repealed and the following is substituted in lieu thereof:
- 3 (a) Medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally 4 5 liable relatives and the income of the person's spouse or dependent 6 child, is not more than one hundred forty-three per cent, pending 7 approval of a federal waiver applied for pursuant to subsection (d) of 8 this section, of the benefit amount paid to a person with no income 9 under the temporary family assistance program in the appropriate 10 region of residence and if such person is an institutionalized 11 individual as defined in Section 1917(c) of the Social Security Act, 42 12 USC 1396p(c), and has not made an assignment or transfer or other 13 disposition of property for less than fair market value for the purpose 14 of establishing eligibility for benefits or assistance under this section. 15 Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of 16 17 property made on behalf of an applicant or recipient or the spouse of

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an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a family unit of equal size with no income under the temporary family assistance program in the appropriate region of residence, pending federal approval, except that the medical assistance program shall provide coverage to persons under the age of nineteen up to one hundred eighty-five per cent of the federal poverty level without an asset limit. On and after [January] July 1, 2001, said medical assistance program shall also provide coverage to (1) persons under the age of nineteen and their parents and needy caretaker relatives who qualify for coverage under Section 1931 of the Social Security Act with family income up to one hundred [fifty] eighty-five per cent of the federal poverty level without an asset limit, upon the request of such a person or upon a redetermination of eligibility, and (2) pregnant women with family income up to three hundred per cent of the federal poverty level. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. All contracts entered into on and after July 1, 1997, pursuant to this section shall include provisions for collaboration of managed care organizations with the Healthy Families Connecticut Program established pursuant to section 17a-56. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of the effect of an assignment or transfer or other disposition of property on eligibility for benefits or assistance.

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- Sec. 2. Section 17b-277 of the general statutes is repealed and the following is substituted in lieu thereof:
 - [(a) The Commissioner of Social Services shall provide, in accordance with federal law and regulations, medical assistance under the Medicaid program to needy pregnant women and children up to one year of age whose families have an income up to one hundred eighty-five per cent of the federal poverty level.]
- [(b)] The [commissioner] Commissioner of Social Services shall implement presumptive eligibility for appropriate applicants for the Medicaid program with an emphasis on pregnant women. Such presumptive eligibility determinations shall be in accordance with applicable federal law and regulations. The commissioner shall provide such presumptive eligibility determinations on a pilot basis, in one district office, beginning June 1, 1991, and shall provide them state-wide effective September 1, 1991.
- Sec. 3. Subdivision (22) of section 17b-290 of the general statutes is repealed and the following is substituted in lieu thereof:
 - (22) "Qualified entity" means [any entity: (A) Eligible] <u>qualified</u> entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of Public Law 106-554, that is eligible for payments under a state plan approved under Medicaid and [which] <u>that</u> provides medical services under the HUSKY Plan, Part A or is authorized to determine eligibility of [(i)] (A) a child to participate in a Head Start program under the Head Start Act, [(ii)] (B) a child to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990, or [(iii)] (C) a child to receive assistance under WIC. [; and (B) that is determined by the commissioner to be capable of making the determinations specified in subparagraph (A) of this subdivision.] The commissioner shall provide qualified entities with such forms as are necessary for an application to be made on behalf of a child under the HUSKY Plan, Part A and information on how to assist parents, guardians and other persons in

- 84 completing and filing such forms.
- Sec. 4. Subsection (h) of section 17b-292 of the general statutes is repealed and the following is substituted in lieu thereof:
- 87 (h) The commissioner shall enter into a contract with an entity to be 88 a single point of entry servicer for applicants and enrollees under the 89 HUSKY Plan, Part A and Part B. The servicer shall jointly market both 90 Part A and Part B together as the HUSKY Plan. Such servicer shall 91 develop and implement public information and outreach activities 92 with community programs. Such servicer shall electronically transmit 93 data with respect to enrollment and disenrollment in the HUSKY Plan, 94 Part B to the commissioner who may transmit such data to the 95 Children's Health Council.
- 96 Sec. 5. Subsection (k) of section 17b-292 of the general statutes is 97 repealed and the following is substituted in lieu thereof:
- 98 (k) Not more than twelve months after the determination of 99 eligibility for benefits under the HUSKY Plan, Part A and Part B and 100 annually thereafter, the commissioner or the servicer, as the case may 101 be, shall determine if the child continues to be eligible for the plan. The 102 commissioner or the servicer shall mail [a] an application form to each 103 participant in the plan for the purposes of obtaining information to 104 make a determination on eligibility. To the extent permitted by federal 105 law, in determining eligibility for benefits under the HUSKY Plan, Part 106 A and Part B with respect to family income, the commissioner or the 107 servicer shall rely upon information provided in such form by the 108 participant unless the commissioner or the servicer has reason to 109 believe that such information is inaccurate or incomplete. To the extent permitted by federal law, if the commissioner determines that a child 110 111 is no longer eligible for benefits under the HUSKY Plan, Part A, such 112 child shall remain eligible for such benefits until the servicer 113 determines eligibility for benefits under the HUSKY Plan, Part B. The 114 determination of eligibility shall be coordinated with health plan open enrollment periods. 115

- 116 Sec. 6. Subsections (b) and (c) of section 17b-299 of the general 117 statutes are repealed and the following is substituted in lieu thereof:
- 118 (b) An application may be disapproved if it is determined that a
- 119 child to be covered under the HUSKY Plan, Part B was covered by an
- 120 employer-sponsored insurance within the last [six] two months. If the
- 121 commissioner determines that the time period specified in this
- 122 subsection is insufficient to effectively deter applicants or employers of
- 123 from discontinuing employer-sponsored applicants dependent
- 124 coverage for the purpose of participation in the HUSKY Plan, Part B,
- 125 the commissioner may extend such period for a maximum of an
- 126 additional [six] two months.
- 127 (c) An application may be approved in cases where prior employer-
- 128 sponsored coverage ended less than [six] two months prior to the
- 129 determination of eligibility for reasons unrelated to the availability of
- 130 the HUSKY Plan, Part B, including, but not limited to:
- 131 (1) Loss of employment due to factors other than voluntary
- 132 termination:
- 133 (2) Death of a parent;
- 134 (3) Change to a new employer that does not provide an option for
- 135 dependent coverage;
- 136 (4) Change of address so that no employer-sponsored coverage is
- 137 available;
- 138 (5) Discontinuation of health benefits to all employees of the
- 139 applicant's employer;
- 140 (6) Expiration of the coverage periods established by the
- 141 Consolidated Omnibus Budget Reconciliation Act of 1985, (P.L. 99-272)
- 142 as amended from time to time, (COBRA);
- 143 (7) Self-employment;

- 144 (8) Termination of health benefits due to a long-term disability;
- 145 (9) Termination of dependent coverage due to an extreme economic
- 146 hardship on the part of either the employee or the employer, as
- 147 determined by the commissioner; or
- 148 (10) Substantial reduction in either lifetime medical benefits or
- benefit category available to an employee and dependents under an
- 150 employer's health care plan.
- 151 Sec. 7. (NEW) The Commissioner of Social Services shall seek a
- waiver under Title XXI of the Social Security Act to authorize the use
- 153 of funds received under said title to promote the enrollment of
- 154 children in the HUSKY Plan who are eligible for benefits under other
- income-based assistance programs including, but not limited to, free or
- 156 reduced school lunch programs.
- Sec. 8. (NEW) (a) To the extent permitted by federal law, the
- 158 Commissioners of Social Services and Education shall jointly establish
- procedures for the sharing of information contained in applications for
- 160 free and reduced price meals under the National School Lunch
- 161 Program for the purpose of determining whether children
- 162 participating in such program are eligible for coverage under the
- HUSKY Plan, Part A and Part B. The Commissioner of Social Services
- shall take all actions necessary to ensure that children identified as
- eligible for the HUSKY Plan are able to enroll in such plan.
- (b) The Commissioner of Social Services, in conjunction with the
- 167 Commissioners of Public Health and Education, shall establish
- 168 procedures whereby an individual may apply for the HUSKY Plan,
- 169 Part A or Part B, at the same time such individual applies for the
- 170 federal Special Supplemental Food Program for Women, Infants and
- 171 Children, the National School Lunch Program, the Head Start
- 172 programs or the child care subsidy program.
- 173 Sec. 9. (NEW) The Commissioner of Social Services, in determining

174 if an individual continues to be eligible for the HUSKY Plan, Part A or 175 Part B, shall determine whether such individual is a recipient of a child 176 care subsidy under section 17b-749 of the general statutes, food stamps 177 under the food stamp program pursuant to the Food Stamp Act of 178 1977 or benefits under any other program administered by the 179 Department of Social Services for the purpose of ascertaining whether 180 the department has information necessary for the redetermination of 181 eligibility under the HUSKY Plan. In the event such information is 182 available, the commissioner shall use such information in such 183 redetermination.

Sec. 10. This act shall take effect July 1, 2001.

HS Joint Favorable C/R

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